CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

VENDOR REPRESENTATIVE CHANGE REPORTING FORM

INSTRUCTIONS

Registered Vendors of Tamper-Resistant Prescription forms are required to promptly report any change in vendor representatives to the Division of Professional Regulation (DPR). This includes both newly designated and departing representatives Use this form:

- To report previously designated vendor reps who have departed your employment or otherwise should no longer have access to the Provider Verification System (PVS), and
- To designate new vendor reps who need access to the PVS.

Submit the completed, signed and ***notarized*** original form to the attention of Samantha Nettesheim at the address above. Faxes are not accepted.

TYPE OF REPORT

1. Check all changes that you are reporting

   ☐ I am adding one or more newly designated vendor representatives.

   ☐ I am removing one or more previously designated vendor representatives.

VENDOR IDENTIFICATION

2. Registered Vendor Name:_____Vendor ID: VID- _____

VENDOR REPRESENTATIVE REMOVAL – Complete this section ***only if*** you are requesting removal of previously designated vendor representative(s).

3. List all vendor representatives to be removed.

VENDOR REPRESENTATIVE FULL NAME	SOCIAL SECURITY NUMBER

ADDITIONAL VENDOR REPRESENTATIVE(S) – Complete this section ***only if*** you are designating new vendor representative(s).

4. Do you certify that you understand the following requirements?
   - Your place of business must have at least two representatives on-site who will be registered with DPR and responsible for using the Provider Verification System (PVS). Yes ☐ No ☐
   - After they register with DPR, *only* your designated representatives will receive communication about and have access to the PVS. Yes ☐ No ☐

5. Do you certify that you understand the following requirements?
   - You are required to promptly report any change in your vendor representatives to DPR in writing – including both newly designated and departing representatives. Yes ☐ No ☐
   - Any newly designated representative is required to register with DPR. Yes ☐ No ☐
   - Under no circumstances is information about accessing PVS to be disclosed to any non-registered person, regardless of whether that person is an employee of the vendor. Yes ☐ No ☐

Each newly designated representative must complete and sign a section below to attest that he or she understands his or her security responsibilities. Communication about the Prescriber Verification System (PVS) will be sent to the attention of these representatives at the Vendor's mailing address or to their own direct contact information.

If you need more room for additional representatives, you may copy this page.

REGISTRATION OF VENDOR REPRESENTATIVE

Representative Name: _____ _____ _____
Last First Middle

Other Names Used: _____ _____ _____

Birth Date (month/day/year): _____ Gender: ☐ Male ☐ Female

Social Security Number: _____

Your ***Direct*** Phone at Vendor Business: _____

Your ***Direct*** Email at Vendor Business: _____

Do you understand that you must ***not*** disclose your PVS user ID and password to any other person, including persons employed by the Vendor? Yes ☐ No ☐

Signature of Vendor Representative: _____ Date: _____

REGISTRATION OF VENDOR REPRESENTATIVE

Representative Name: _____ _____ _____
Last First Middle

Other Names Used: _____ _____ _____

Birth Date (month/day/year): _____ Gender: ☐ Male ☐ Female

Social Security Number: _____

Your ***Direct*** Phone at Vendor Business: _____

Your ***Direct*** Email at Vendor Business: _____

Do you understand that you must ***not*** disclose your PVS user ID and password to any other person, including persons employed by the Vendor? Yes ☐ No ☐

Signature of Vendor Representative: _____ Date: _____

REGISTRATION OF VENDOR REPRESENTATIVE

Representative Name: _____ _____ _____
Last First Middle

Other Names Used: _____ _____ _____

Birth Date (month/day/year): _____ Gender: ☐ Male ☐ Female

Social Security Number: _____

Your ***Direct*** Phone at Vendor Business: _____

Your ***Direct*** Email at Vendor Business: _____

Do you understand that you must ***not*** disclose your PVS user ID and password to any other person, including persons employed by the Vendor? Yes ☐ No ☐

Signature of Vendor Representative: _____ Date: _____

Please allow ten business days for processing.

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is authorized to report changes in vendor representatives on behalf of the Registered Vendor business named above, that he/she has read and reviewed the information provided with this form, and that he/she has read the Rules and Regulations governing tamper-resistant prescription forms in Delaware and will fully comply with the rules. He/she further affirms that the information and statements contained in this form are true and correct and that he/she understands that providing false information or employing or knowingly cooperating in fraud or material deception is grounds for termination of the Vendor's registration.

Signature:_____ Date:_____

Printed Name: _____ Title: _____

State of _____ County of _____

SUBSCRIBED and SWORN to before me this _____day of _____, 2_____.

Signature of Notary Public: _____

SEAL

My Commission expires: _____

REQUESTS THAT ARE UNSIGNED, NOT NOTARIZED, OR INCOMPLETE WILL BE REJECTED.